

PATIENT

Hamilton Dimella

SPECIES

Feline

BREED

DMH

SEX

Male Intact

AGE

15 years

WEIGHT

8.94lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Specialty Services

REFERRING VET

Dr. Masloski

INVOICE

21504

DATE

10/13/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. H/O HOCM/CHF at 5 years of age after having received a steroid injection. Had been on Atenolol, Furosemide, and Enalapril. He improved over time and all medications were discontinued except the Atenolol. Last echocardiogram on record is from 2014 (Tai Casagrande, DVM) when he was doing very well clinically. Although mild SAM was still present, there was no evidence of significant LVOT obstruction. The previously moderate LAE had normalized (measurements not available). Current presentation: Hamilton was diagnosed with hyperthyroidism in October. His most recent TT4 done in July was within normal limits. He is doing well clinically with good appetite and normal activity level. CV/RESP: NSR, no murmurs noted, PSS, lung fields clear, compressible thorax. BP: 140mmHg x 5. -Current meds: 1) Methimazole/tapazole 5mg 1.2 tab q12h 2) Atenolol 25mg 1/4 tab q12h

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are normal. There is a diffusely hyperechoic endocardium consistent with fibrosis. The endocardium appears mildly remodeled. The papillary muscles are mildly remodeled and hyperechoic.

Left atrium: The left atrium is mildly enlarged. No obvious spontaneous contrast or thrombi seen.

Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: The right atrium is mildly enlarged.

Tricuspid valve: The tricuspid valve appears normal with mild tricuspid regurgitation. Normal velocity.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. Trace pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 140bpm.

2-Dimensional Measurements

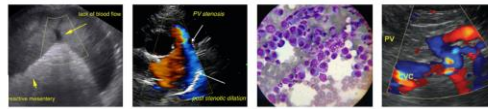
Ao diam (cm)	1.0
LA diam (cm)	1.5
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.4
LVID diastole (cm)	1.6
PW thickness (cm)	0.4
LVID systole (cm)	1.0
FS (%)	41

Doppler Measurements

PV Vmax (m/s)	0.63
AoV Vmax (m/s)	0.74
MR Vmax (m/s)	NA
TR Vmax (m/s)	1.9
TR PG (mmHg)	14

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac structure and function is documented in this study. The LV wall thickness is normal and there is no evidence of an outflow tract obstruction or hypertrophy. Mild TR is noted which is of little hemodynamic significance. Finally and



PATIENT
Hamilton Dimella

most importantly, both atria do appear mildly enlarged which of unknown significance going forward. Given these findings, no additional medications are indicated.

SPECIES
Feline

Persistently normal cardiac structure and function indicates clinical stability in this patient. Lifelong Atenolol is recommended with annual re-evaluations. Risk for complication is low at this time; however, follow up on atrial enlargement is recommended.

BREED
DMH

SEX

Male Intact

AGE

15 years

RECOMMENDATIONS

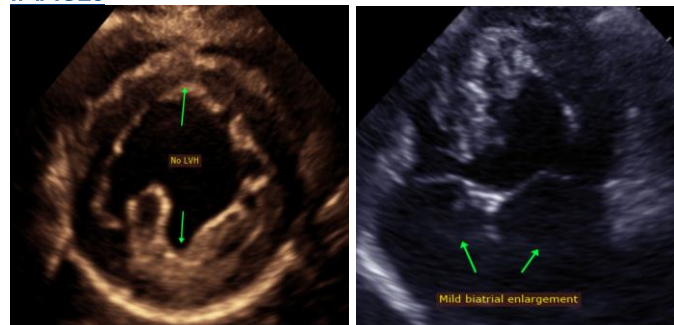
- Continue Atenolol as prescribed.
- Anesthetic risk is considered mild. With this degree of remodeling and diastolic stiffening, there is an elevated risk for fluid overload in this patient and judicious IV fluid use is recommended. Heart rate stimulating drugs such as atropine, glycopyrrolate or ketamine should be avoided unless medically necessary.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

PLAN

Recommend recheck echocardiogram in 6-12 months to assess for progression.

IMAGES

WEIGHT
8.94lbs



INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

HOSPITAL NAME

Mass Veterinary
Specialty Services

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

REFERRING VET

Dr. Masloski

Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

INVOICE

21504

DATE

10/13/21